Fill	in this information	to identify your case:	1 1717		/L	~~~~		Check one bo	x only as directed in thi	s form and in
D	ebtor 1	Laina		Egea-Hin	ton			_	• •	
		First Name	Middle Name	Last Name				_	no presumption of abu	
	ebtor 2						.		culation to determine if a pplies will be made und	
(3	pouse, if filing)	First Name	Middle Name	Last Name				Means Tes	st Calculation (Official F	orm 122A-2).
Uı	nited States Bankr	uptcy Court for the:	<u>Easterr</u>	District of	Pennsylva	nia	-		ans Test does not apply I military service but it o	
	ase number known)									
								- Check if tr	nis is an amended filing	
Эf	ficial Form	122A-1								
 Cr	napter 7 S	 Statement	of Your (Curren [.]	t Mont	:hly l	Incor	ne		12/19
nttac and oeca vith	ch a separate sheet case number (if kn ause of qualifying this form.	et to this form. Includ nown). If you believe	e the line number to that you are exem plete and file <i>State</i>	to which the a	additional information	formation of abuse	n applies. because	On the top of you do not ha	ing accurate. If more s any additional pages, ave primarily consume 707(b)(2) (Official Forn	write your name r debts or
1.		ital and filing status?								
		Fill out Column A, line								
		our spouse is filing v our spouse is NOT fi	-			2-11.				
		the same household				olumn A	and B. lin	es 2-11.		
	_			-					g this box, you declare	
	under pe		ou and your spouse	are legally s	eparated und	ler nonba	ankruptcy	law that applie	es or that you and your	
va ex	ried during the 6 n	nonths, add the incom	e for all 6 months a	and divide the	total by 6. F	ill in the r	esult. Do	not include an only. If you have not an	ne amount of your mont by income amount more ye nothing to report for a Column B Debtor 2 or	than once. For
							Dobto		non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).							\$4,345.10		
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.						\$0.00			
4.								\$0.00		
5.	Net income from or farm	operating a business	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$0.00						
	Ordinary and nec	essary operating expe	enses -	\$0.00						
	Net monthly incor	me from a business, p	rofession, or farm	\$0.00		Copy here →		\$0.00		
6.	Net income from	rental and other real	property	Debtor 1	Debtor 2			<u> </u>		
		efore all deductions)	,	\$0.00	Debitor 2					
		essary operating expe	enses -	- \$0.00	-					
		_	_ [\$0.00		Сору				
	Net monthly incor	me from rental or othe	r real property			here →		\$0.00		
7.	Interest, dividend	ls, and royalties						\$0.00		

Debtor 1

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	First Name Middle Nam	ne Last Nan	ne constant			_						
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse							
	8. Unemployment compensation		'	\$0.00		_						
	Do not enter the amount if you contend th under	at the amount receiv	ed was a benefit									
	the Social Security Act. Instead, list it here	ə:										
	For you	\$0.00										
	For your spouse											
	9. Pension or retirement income. Do not income. Do not income benefit under the Social Security Act. Also do not include any compensation, pension United States Government in connection disability, or death of a member of the univertired pay paid under chapter 61 of title 1 that it does not exceed the amount of retirentitled if retired under any provision of tit.	o, except as stated in n, pay, annuity, or allo with a disability, comi formed services. If yo 10, then include that pred pay to which you	the next sentence, owance paid by the bat-related injury or ou received any bay only to the extent would otherwise be	\$0.00								
	10. Income from all other sources not listed Do not include any benefits received und received as a victim of a war crime, a cri- domestic terrorism; or compensation, pe the United States Government in connec- injury or disability, or death of a member list other sources on a separate page and	der the Social Securit me against humanity nsion, pay, annuity, c tion with a disability, of the uniformed ser	y Act; payments , or international or or allowance paid by combat-related vices. If necessary,									
	Pro-Rata 2023 Federal Income Tax Ref	fund		\$695.17								
	Total amounts from separate pages, if any.	+	+									
		\$5,040.27		= \$5,040.27								
	 Calculate your total current monthly included each column. Then add the total for Column. 		•		+							
			30.0 2.			Total current monthly income						
Pa	art 2: Determine Whether the Means T	est Applies to Yo	u			,						
	Calculate your current monthly income for the											
12.	12a. Copy your total current monthly income f		Copy line 11 here →	\$5,040.27								
					Copy line 11 nere →							
	Multiply by 12 (the number of months in	a year).				x 12						
	12b. The result is your annual income for this	part of the form.			12b.	\$60,483.24						
13.	Calculate the median family income that appli											
	Fill in the state in which you live.	Pennsylvani	a									
	Fill in the number of people in your household.	2										
	, ,				,							
	Fill in the median family income for your state a To find a list of applicable median income amount instructions for this form. This list may also be a	13.	\$80,864.00									
14.	. How do the lines compare?											
	14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse.</i> Go to Part 3. Do NOT fill out or file Official Form 122A-2.											
	14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2.</i>											

Go to Part 3 and fill out Form 122A-2.

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First Name Middle Name Last Nar

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Laina Egea-Hinton

Signature of Debtor 1

Date 01/17/2025

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.